Property Address: 1222 Desoto

See Page 1 for Rating Key BASEMENT/CELLAR 1. Stairs and handrails	Item # Comments Specify location(s), where necessary 1. B Ends of handrail are not returned 4. Previous minor stains on unfinished walls and under steps on drywall there is discoloration
ELECTRICAL SERVICE(S) # of Services	8. H No electrical grounding loop at water meter. Service ground is connected to street side of water meter only.
PLUMBING SYSTEM 10. Floor drain(s) (basement)	14. B Corrosion at burner door 15. B Vent pipe connects with a 90 degree angle vs 45 to furnace exhaust, corrosion at joints
HEATING SYSTEM(S) # of	17A B Debris in burner area 17A C Heat exchanger and interior components are not visible.
The Evaluator is not required to ignite the heating plant(s), except during heating season, between October 15 and April 15. 18. Additional heating unit(s) Type: Fuel: a. Installation and visible condition b. Viewed in operation c. Combustion venting	
19. ADDITIONAL COMMENTS (1 through 18)	
EVALUATOR: Scott Scheunemann	DATE: 01/09/2007 Page 2 of 4 Rev 1/200-

· CAS	SE 0:05-cv-00	461-MJD-SER	Document 231-27	Filed 08/23/08 Page 2 of 29
39. Smoke detector		Discle	osure Report	For Office Use, ONLY:
Smoke detector(s)	- Y		th-In-Sale of Housing	Date Received
Properly located Hard-Wired	<u>-Y</u> -		read this entire report)	Payment Ref:
				•
			' OF ST. PAUL OR EVAL NY BUILDING COMPON	UATOR OF THE FUTURE ENT OR FIXTURE.
			at the premises when the hou he time of signing a Purchas	se is shown to prospective buyers, and e Agreement.
Address of Evalua	ated Dwelling:		rrect street type and/or direction m	ay be returned and may incur a late fee.
Owner's Name:		Public Housing	Agency	
Owner's Address:	include City &	555 N Wabash	a St #400, St. Paul, MN and ALL Zip codes, EVEN IN S	t. Paul
Type of Dwelling:		y <u>X</u> Townhoo		*For condominium units, this evaluation includes only those items located within
Comments:	Duple	X Usage may 1	not be legal. See below.	the residential units and does not include the common use area, or other residential areas of the structure.
If a box is not checke nor by the City of St. According to inform IS located with Preservation is required	ed then the information Paul. You may obtain Povided thin a St. Paul Heritagen Site. Review and a by the Heritage Prese	tion does not apply to btain a printout of all o Truth-In-Sale of ge Preservation District pproval of exterior wo ervation Commission an	this information by visiting Housing Evaluators by th or it is individually designated	the LIEP website at: www.liep.us e City of St. Paul this property: as a Saint Paul Heritage ations, additions and demolition rding Heritage
owners m	regarding occupancy	uilding and must con		of the St. Paul Legislative Code. New ompliance Orders. Other regulation or specific information at
HAS Open pern	nits. Completion a	ind/or occupancy restic	tions or requirements may appl	y. Contact LIEP at 651.266-9090.
	Legal Duplex. 1008 for the most recei	If this dwelling is in us at information. Reseach	e is a duplex and this box is not a into a property's history may i	checked, contact LIEP Zoning at neur a fee.
RATING	"M" = Meets m	inimum standards - t	he item conforms to minimu	n standards of maintenance
KEY:			the item is below minimum s	
KEI.			oe adequately evaluated or it m below minimum standards	has some deficiency, but the deficiency
		•	•	r the health and safety of the occupant
	sheets may be att	ached if needed.		about the item. Additional comment
	"Y" = Yes '	'N" = No "NV"	= Not Visible/Viewed	"NA" = Not Applicable
requirements of the Leg	islative Code; however,	•	or to the time of sale. This report W be used by the Fire Department to o sidences.	
2. is based on the current		•		
		-	ition of the building component, no	r of the accuracy of this report.
4. covers only the items list heating plant (except du		•	•	ion. The Evaluator is not required to ignite the mble items or evaluate inaccessible areas.
5. may be based upon diffe	erent standards than the	lender, Federal Housing	Administration (FHA) or Veterans A	Administration (VA).
6. is valid for one year from		•	on this report.	
	•	rected to the evaluator.		
	ing, 1600 White Bear a	Ave North, St. Paul, M.	of Neighborhood Housing and Pro N 55106, Phone No. (651) 266-19	00.
EVALUATOR:	Scott Sch	eunemann	PHONE: 651-646-000	9 DATE: 01/09/2007 Rev 1/2

Property Address: 550 Robert St S

	See Page 1 for Rating Key	Item#	Comments Specify location(s), where nece	ssarv
2. 3. 4. 5.	BASEMENT/CELLAR Stairs and handrails Basement/cellar floor Foundation Evidence of dampness or staining First floor, floor system Beams and columns B B B B B B B B B B B B B B B B B B	1. B Low he handrail w 4. Previous laundry	round	
8.	ELECTRICAL SERVICE(S) # of Services			
11. 12. 13. 14. 15.	PLUMBING SYSTEM Floor drain(s) (basement). B Waste and vent piping (all floors). M Water piping (all floors). B Gas piping (all floors) B Water heater(s), installation M Water heater(s), venting B Plumbing fixtures (basement). M	12. B No bad faucets. 13. B Obsole heater 15. B Lackin	in drain- potentially clogged ckflow prevention on exterior wate ate gas valve installed for wate g screws for vent joints. Water not visibly connected to a meta iner	er r
а. b.	HEATING SYSTEM(S) # of	17A C Heat not visible	exchanger and interior compo	nents are
	e Evaluator is not required to ignite the heating plant(s), except ring heating season, between October 15 and April 15.			
a. b.	Additional heating unit(s) Type: Fuel: Installation and visible condition Viewed in operation Combustion venting			
19.	ADDITIONAL COMMENTS (1 through 18)			
			2412010007	
EV	ALUATOR: Scott Scheunemann		DATE: <u>01/09/2007</u>	Page <u>2</u> of <u>4</u> Rev 1/200

39. Smoke detector			Document 231-27	For Office Use, ONLY:
Smoke detector(s)	Υ		osure Report	Date Received
Properly located	Y		th-In-Sale of Housing read this entire report)	
Hard-Wired	<u>Y</u>	(Calciuly	read this entire report)	Payment Ref:
			OF ST. PAUL OR EVAL Y BUILDING COMPONI	UATOR OF THE FUTURE ENT OR FIXTURE.
			t the premises when the hous he time of signing a Purchase	se is shown to prospective buyers, and e Agreement.
Address of Evalua	ted Dwelling:	1032 Otto Ave		
Owner's Name:			Agency, City of St Paul	be returned and may incur a late fee.
Owner's Address:	include City &	261 University A	Ave E, St. Paul, MN 552 and ALL Zip codes, EVEN IN S	103 c. Paul
Type of Dwelling:		y X Townhou		*For condominium units, this evaluation
Comments:	Duple	X Usage may n	ot be legal. See below.	includes only those items located within the residential units and does not include the common use area, or other residential areas of the structure.
·				
If a box is not checke nor by the City of St.	d then the informa Paul. You may o	tion does not apply to btain a printout of all	this information by visiting the	ntion is not guaranteed by the evaluator
Preservation is required l	n Site. Review and a by the Heritage Prese	pproval of exterior work ervation Commission and	r it is individually designated as (excluding painting), modificat d city staff. For questions regare nd Environmental Protection (L	tions, additions and demolition ding Heritage
IS a Registere	ed Vacant Building ist re-register the b regarding occupancy	Vacant Buildings a	are regulated by Chapter 43	of the St. Paul Legislative Code. New ompliance Orders. Other regulation or
HAS Open perm	its. Completion a	and/or occupancy resticti	ions or requirements may apply.	Contact LIEP at 651.266-9090.
	Legal Duplex. 108 for the most rece	If this dwelling is in use nt information. Reseach	is a duplex and this box is not c into a property's history may in	checked, contact LIEP Zoning at cur a fee.
RATING	"M" = Meets m	ninimum standards - th	ne item conforms to minimun	n standards of maintenance
KEY:			he item is below minimum sta	
KEI.			be adequately evaluated or it n below minimum standards	has some deficiency, but the deficiency
		-		r the health and safety of the occupant
	Any item marked sheets may be att		nust have a written comment	about the item. Additional comment
	-		= Not Visible/Viewed	"NA" = Not Applicable
This Report:				
requirements of the Legi	slative Code; however,	•	to the time of sale. This report WIL a used by the Fire Department to det dences.	
2. is based on the current T		•		
3. is not warranted, by the	City of St. Paul, or by th	ne evaluator, for the condition	on of the building component, nor o	f the accuracy of this report.
 covers only the items list heating plant (except during) 				ion. The Evaluator is not required to ignite the ble items or evaluate inaccessible areas.
5. may be based upon diffe	rent standards than the	lender, Federal Housing Ad	dministration (FHA) or Veterans Ad	Iministration (VA).
is valid for one year from	the date of issue and o	only for the owner named on	n this report.	
	•	rected to the evaluator.		
	•	•	Neighborhood Housing and Prop 55106, Phone No. (651) 266-1900	
CVALUATOD.	Vicki Sch	eunemann	DUONE, 651-646-000	9 DATE 01/10/2007 Des 1/20

Property Address: 1032 Otto Ave

See Page 1 for Rating Key	Item#	Comments	
BASEMENT/CELLAR 1. Stairs and handrails B 2. Basement/cellar floor B 3. Foundation B 4. Evidence of dampness or staining Y 5. First floor, floor system M 6. Beams and columns M	2. B Roug 3. B Some	Specify location(s), where necessary neadroom (less than 6' 8") h floor e cracks in plaster covering s stains on unfinished walls.	
ELECTRICAL SERVICE(S) # of Services			
PLUMBING SYSTEM 10. Floor drain(s) (basement)			
IIEATING SYSTEM(S) # of	17A C RPZ visible	Zvalve in place, no maitenance tag	
The Evaluator is not required to ignite the heating plant(s), except during heating season, between October 15 and April 15. 18. Additional heating unit(s) Type: Fuel: a. Installation and visible condition			
19. ADDITIONAL COMMENTS (1 through 18)			
EVALUATOR: Vicki Scheunemann		DATE: <u>01/10/2007</u>	Page <u>2</u> of

- 6. is valid for one year from the date of issue and only for the owner named on this report

Questions regarding this report should be directed to the evaluator.

Complaints regarding this report should be directed to Department of Neighborhood Housing and Property Improvement, Truth-in-Sale of Housing, 1600 White Bear Ave North, St. Paul, MN 55106, Phone No. (651) 266-1900.

EVALUATOR:	Vicki Scheunemann	PHONE: 651-646-0009	DATE: _	01/09/2007	Rev 1/200

Property Address: 1673 Lafond Ave

See Page 1 for Rating Key BASEMENT/CELLAR 1. Stairs and handrails	Item # Comments Specify location(s), where necessary	
ELECTRICAL SERVICE(S) # of Services	8. H Service ground is connected to street side of water meter only. No electrical grounding loop at meter	
PLUMBING SYSTEM 10. Floor drain(s) (basement)	11. B Some corrosion cast iron waste line12. B No backflow prevention on exterior water faucets.13. B Lacking drip-T fitting for dryer.	
HEATING SYSTEM(S) # of	17A H No backflow preventer on boiler water supply (DCIVA)	
18. Additional heating unit(s) Type: Fuel: a. Installation and visible condition b. Viewed in operation c. Combustion venting		
19. ADDITIONAL COMMENTS (1 through 18)		
EVALUATOR: Vicki Scheunemann	DATE: <u>01/09/2007</u>	Page 2 of 4 Rev 1/200

CASE 0:05-cv-00461-MJD-SER Document 231-27 Filed 08/23/08 Page 8 of 29 Property Address: 1673 Lafond Ave Item# See Page 1 for Rating Key Comments Where there are multiple rooms to a category, the Evaluator must specify the room to which a Comment is related. KITCHEN М 25. B Water flow below minimal requirements. No 20. Walls and ceiling M flow when other fixtures running. 21. Floor condition and ceiling height 22. Evidence of dampness or staining Ν M 23. Electrical outlets and fixtures M 24. Plumbing fixtures В 25. Water flow M 26. Window size/openable area/mechanical exhaust Μ 27. Condition of doors/windows/mech, exhaust . . . LIVING AND DINING ROOM(S) 28. Walls and ceiling M 29. Floor condition and ceiling height М 30. Evidence of dampness or staining Ν 31. Electrical outlets and fixtures Μ Μ 32. Window size and openable area 33. Window and door condition M HALLWAYS, STAIRS AND ENTRIES M 34. Walls, ceilings and floors 35. Evidence of dampness or staining Ν M 36. Stairs and handrails to upper floors M 37. Electrical outlets and fixtures 38. Window and door condition Μ Y 39. Smoke detector(s) Y Properly located Hard-wired BATHROOM(S) M 44. B. Corrosion on wasteline bathroom sink 40. Walls and ceiling 45. B Below minimal water flow. Tub runs at less Μ 41. Floor condition and ceiling height Ν than pencil diameter. When tub faucet 42. Evidence of dampness or staining М running there is no water flow to bathroom 43. Electrical outlets and fixtures В or kitchen sink. 44. Plumbing fixtures В 46. Window size/openable area/mechanical exhaust Μ 47. Condition of windows/doors/mech, exhaust ... Μ SLEEPING ROOM(S) М 51. H Ungrounded 3 prong outlets. 48. Walls and ceiling М 49. Floor condition, area, and ceiling height 50. Evidence of dampness or staining Ν Н 51. Electrical outlets and fixtures 52. Window size and openable area М Μ 53. Window and door condition **ENCLOSED PORCHES AND OTHER ROOMS** 54. Walls and floor condition 55. Evidence of dampness or staining 56. Electrical outlets and fixtures 57. Window and door condition ATTIC SPACE (Visible Areas) 58. Roof boards and rafters 58., 59, 60, 61 Not accessed closet stored 59. Evidence of dampness or staining items /clothes / shelf in way of access 60. Electrical wiring/outlets/fixtures_ 61. Ventilation_____ 62. ADDITIONAL COMMENTS (20 through 61) _____

_____ DATE: __

Vicki Scheunemann

EVALUATOR:____

Page 3 of 4

Rev 1/2004

CASE 0:05-cv-00461-MJD-SER Document 231-27 Filed 08/23/08 Page 9 of 29 Property Address: 1673 Lafond Ave Item# Comments See Page 1 for Rating Key **EXTERIOR** (Visible Areas) 63. B Peeling paint. 63. Foundation 65. B Grade is low / flat in areas. 64. Basement/cellar windows 66. B Stucco cracked. Peeling areas on porch. В 65. Drainage (grade) В 66. Exterior walls M 67. Doors (frames/storms/screens) M 68. Windows (frames/storms/screens) M 69. Open porches, stairways and decks Μ 70. Cornice and trim М 71. Roof structure and covering М 72. Gutters and downspouts М 73. Chimneys М 74. Outlets, fixtures and service entrance GARAGE(S)/ACCESSORY STRUCTURE(S) 76. B Peeling paint 75. Roof structure and covering 77. C Limited view due to stored goods. 76. Wall structure and covering 80. C No power to garage. Remnants of old knob & tube remain. 78. Garage doors 79. Garage opener- (see important notice #6) 80. Electrical wiring, outlets and fixtures 81. ADDITIONAL COMMENTS (62 through 80) _ FIREPLACE/WOODSTOVES # of 82. C Fireplace not viewed, furnature in front 82. Dampers installed in fireplaces of unit 83. Installation SUPPLEMENTAL INFORMATION No determination is made whether items meet minimum standards (Y/N, NA, NV, only) INSULATION Y/N Type Inches/Depth NV 85. Attic Insulation Ν 86. Foundation Insulation NA 87. Kneewall Insulation NA 88. Rim Joist Insulation 89. ADDITIONAL COMMENTS (81 through 88) __ I hereby certify I prepared this report in compliance with the St. Paul Evaluator Guidelines and all other applicable policies and procedures of the Truth-in-Sale of Housing Board. I have utilized reasonable and ordinary care and diligence and I have noted all conditions found that do not conform to the minimum standards of maintenance. listi D cheunumann 651-646-0009 01/09/2007 4 of 4 Rev 1/2004 Phone Number Date **Evaluator Signature** Vicki Scheunemann Printed Name: IMPORTANT NOTICES 1. Any single family residence in St. Paul must have at least one smoke detector connected to the electrical system (hard-wired). The detector must be located near sleeping rooms. For more information call Fire Prevention, (651) 228-6230. (St. Paul Legislative Code, Chapter 58.) 2. Rainleaders connected to the sanitary sewer system must be disconnected. For more information call Public Works, Sewer Division, (651) 266-6234. 3. Any house built before 1950 may have lead paint on/in it. If children eat lead paint, they can be poisoned. For more information call Ramsey County Public Health, (651) 292-6525. 4. Neither the City of St. Paul nor the Evaluator is responsible for the determination of the presence of airborne particles such as asbestos, noxious gases such as radon, or other conditions of air quality that may be present, nor the conditions which may cause the above. 5. If this building is used for any purpose other than a single family dwelling, it may be illegally zoned. To help you determine legal uses under the zoning ordinance, contact the Zoning Administrator at (651) 266-9008. 6. An automatic garage door should reverse upon striking an object. If it does not reverse it poses a serious hazard and should be immediately repaired or replaced.

CAS	SE 0.05-00-00461-MJD-SE	R Document 231-27	Filed 08/23/08 Page 10 01 29
39. Smoke detector Smoke detector(s) Properly located Hard-Wired	Y St. Paul 7	closure Report Fruth-In-Sale of Housing fully read this entire report)	For Office Use, ONLY: Date Received Payment Ref:
	NOT A WARRANTY, BY THE C		
	this Report must be publicly displayed must be provided to the buyer prior		e is shown to prospective buyers, and Agreement.
Address of Evalu	nted Dwelling: 1012 Ashlan	d Ave	
Owner's Name:	Addresses without th	e correct street type and/or direction maying Agency, City of St Paul	be returned and may incur a late fee.
Owner's Address:	261 Universiting include City & State if NOT St. Pa	ty Ave E, St. Paul, MN 5510 aul, and ALL Zip codes, EVEN IN St.	Paul
Type of Dwelling	Single Family X Town	house Condo*	*For condominium units, this evaluation includes only those items located within
Comments:	Duplex Usage m	ay not be legal. See below.	the residential units and does not include the common use area, or other residential areas of the structure.
If a box is not checke nor by the City of St.	OCATION AND POSSIBLE of then the information does not apportude. You may obtain a printout of mation provided to Truth-In-Sale	ly to this dwelling This informat a sail this information by visiting the	ion is not guaranteed by the evaluator e LIEP website at: www.liep.us
IS located wit	hin a St. Paul Heritage Preservation Distr	ict or it is individually designated as a	a Saint Paul Heritage
is required	on Site. Review and approval of exterior of the Heritage Preservation Commission contact the Office of License, Inspection	and city staff. For questions regardi	ng Heritage
owners m	ust re-register the building and must e regarding occupancy may apply. Contact	comply with all existing Code Cor	of the St. Paul Legislative Code. New impliance Orders. Other regulation or ecific information at
HAS Open peri		stictions or requirements may apply.	Contact LIEP at 651.266-9090.
	Legal Duplex. If this dwelling is in 008 for the most recent information. Rese	use is a duplex and this box is not chach into a property's history may inco	
RATING	"M" = Meets minimum standards	- the item conforms to minimum	standards of maintenance
KEY:	"B" = Below minimum standards	s - the item is below minimum star	ndards
KE 1 :		ot be adequately evaluated or it h item below minimum standards	as some deficiency, but the deficiency
		•	the health and safety of the occupant
	sheets may be attached if needed.		about the item. Additional comment
	"Y" = Yes "N" = No "N	IV" = Not Visible/Viewed	"NA" = Not Applicable
requirements of the Leg	asic information to the home buyer and seller pristative Code; however, this evaluation form wor a hard-wired smoke detector in single family	ill be used by the Fire Department to deter	
2. is based on the current	Fruth-in-Sale of Housing Evaluator Guidelines		
3. is not warranted, by the	City of St. Paul, or by the evaluator, for the co	ndition of the building component, nor of	the accuracy of this report
	ted on the form and only those items ring the heating season), use a ladder to obser	-	n. The Evaluator is not required to ignite the le items or evaluate inaccessible areas.
5. may be based upon diff	erent standards than the lender, Federal Housin	ng Administration (FHA) or Veterans Adm	ninistration (VA).
	n the date of issue and only for the owner nam	•	
•	his report should be directed to the evaluato		_
	this report should be directed to Departmeing, 1600 White Bear Ave North, St. Paul,	MN 55106, Phone No. (651) 266-1900.	
EVALUATOR:	Vicki Scheunemann	PHONE: 651-646-0009	DATE: <u>01/10/2007</u> Rev 1/2

, Property Address: 1012	Ashland Ave				
BASEMENT/CELLAR 1. Stairs and handrails 2. Basement/cellar floor 3. Foundation 4. Evidence of dampness or statements 5. First floor, floor system 6. Beams and columns	aining M N		-	tion(s), where necessa s than 6' 8"). Openir	
ELECTRICAL SERVICE 7. Service size: Amps: 30 60 1 Volts: 115 115/220 BASEMENT ONLY: 8. Electrical service installation 9. Electrical wiring, outlets and	00_X_150Other 0_X	8. H No el meter.	ectrical ground	ling loop at water	
PLUMBING SYSTEM 10. Floor drain(s) (basement). 11. Waste and vent piping (all floors). 12. Water piping (all floors). 13. Gas piping (all floors). 14. Water heater(s), installation 15. Water heater(s), venting. 16. Plumbing fixtures (basement)	M M B B B B	14. B Stain compart		n above burner	
HEATING SYSTEM(S) 17. Heating plant(s): Type: a. Installation and visible cond b. Viewed in operation (require c. Combustion venting The Evaluator is not required to during heating season, between	Valer Fuel: Gas lition M d in heating season) Y M ignite the heating plant(s), except				
a. Installation and visible condb. Viewed in operation	Type: Fuel: dition				
19. ADDITIONAL COMME	NTS (1 through 18)				
EVALUATOR:	Vicki Scheunemann		DATE: _	01/10/2007	Page 2 of 4 Rev 1/2004

' CASE 0:05-cv-00461-MJD-SER Document 231-27 Filed 08/23/08 Page 12 of 29

Property Address: 1012 Ashland Ave

See Page 1 for Rating Key Item # Comments

•	Where there are multiple rooms to a	~ .	Evaluator must specify the room to which a Commer	nt is related.
	KITCHEN	·	2	
20.	Walls and ceiling	M		
	Floor condition and ceiling height	<u></u>		
	Evidence of dampness or staining			
	Electrical outlets and fixtures			
	Plumbing fixtures	M		
	Water flow	M		
	Window size/openable area/mechanical exhaust	M		
	Condition of doors/windows/mech. exhaust	M		
2	LIVING AND DINING ROOM(S)			
28.	Walls and ceiling	М		
	Floor condition and ceiling height	<u></u>		
	Evidence of dampness or staining	N		
	Electrical outlets and fixtures	M		
	Window size and openable area	M		
	Window and door condition	M		
	HALLWAYS, STAIRS AND ENTRIES			
34.	Walls, ceilings and floors	M		
	Evidence of dampness or staining	N		
	Stairs and handrails to upper floors	M		
	Electrical outlets and fixtures	M		
	Window and door condition	M		
	Smoke detector(s)	Y		
	Properly located	<u>Y</u>		
	Hard-wired	Y		
	BATHROOM(S)			
40.	Walls and ceiling	M		
41.	Floor condition and ceiling height	M		
42.	Evidence of dampness or staining	N		
43.	Electrical outlets and fixtures	<u>M</u>		
44.	Plumbing fixtures	<u>M</u>		
45.	Water flow	<u>M</u>		
	Window size/openable area/mechanical exhaust	<u>M</u>		
47.	Condition of windows/doors/mech. exhaust	<u>M</u>		
	SLEEPING ROOM(S)			
	Walls and ceiling	<u>M</u>		
	Floor condition, area, and ceiling height	<u>M</u>		
	Evidence of dampness or staining	N		
	Electrical outlets and fixtures	<u></u>		
	Window size and openable area	<u>M</u>	·	
33.	Window and door condition			
٠.	ENCLOSED PORCHES AND OTHER I	COOMS		
	Walls and floor condition			
	Evidence of dampness or staining			
	Electrical outlets and fixtures			
31.				
<0	ATTIC SPACE (Visible Areas) Roof boards and rafters	С	58. C Attic entrance sealed, not viewed	
20.	Evidence of demoness or steining		50. C Allic entrance sealed, not viewed	
	Evidence of dampness or staining Electrical wiring/outlets/fixtures			
	Ventilation			
٠.,				
62.	ADDITIONAL COMMENTS (20 through 61)			
	V. (10.		0.440/0007	_
EV	ALUATOR: Vicki Scheun	<u>emann</u>	DATE: <u>01/10/2007</u>	Page 3 of 4
				Rev 1/2004

CASE 0:05-cv-00461-MJD-SER Document 231-27 Filed 08/23/08 Page 13 of 29 . Property Address: 1012 Ashland Ave Item # Comments See Page 1 for Rating Key **EXTERIOR** (Visible Areas) 66. B Some stucco cracks 63. Foundation 67. H Broken / jagged glass rear porch door. 64. Basement/cellar windows 69. B High risers, no handrail front steps. 65. Drainage (grade) _ _ M Cracks on interior of front porch В 66. Exterior walls___ Н 67. Doors (frames/storms/screens) _ M 68. Windows (frames/storms/screens) _ В 69. Open porches, stairways and decks _ M 70. Cornice and trim____ Μ 71. Roof structure and covering M 72. Gutters and downspouts Μ 73. Chimneys 74. Outlets, fixtures and service entrance GARAGE(S)/ACCESSORY STRUCTURE(S) 75. Roof structure and covering 76. Wall structure and covering____ 77. Slab condition _ 78. Garage doors ____ 79. Garage opener- (see important notice #6) 80. Electrical wiring, outlets and fixtures 81. ADDITIONAL COMMENTS (62 through 80) _____ FIREPLACE/WOODSTOVES # of 82. C Fireplace sealed 82. Dampers installed in fireplaces 83. Installation 84. Condition SUPPLEMENTAL INFORMATION No determination is made whether items meet minimum standards (Y/N, NA, NV, only) **INSULATION** Y/N Inches/Depth NV 85. Attic Insulation Ν 86. Foundation Insulation NV 87. Kneewall Insulation 88. Rim Joist Insulation NA 89. ADDITIONAL COMMENTS (81 through 88) ____ I hereby certify I prepared this report in compliance with the St. Paul Evaluator Guidelines and all other applicable policies and procedures of the Truth-in-Sale of Housing Board. I have utilized reasonable and ordinary care and diligence and I have noted all conditions found that do not conform to the minimum standards of maintenance. Uida D cheunumann 651-646-0009 01/10/2007 Page 4 of 4 **Evaluator Signature** Phone Number Date Rev 1/2004 Vicki Scheunemann Printed Name: _ IMPORTANT NOTICES 1. Any single family residence in St. Paul must have at least one smoke detector connected to the electrical system (hard-wired). The detector must be located near sleeping rooms. For more information call Fire Prevention, (651) 228-6230. (St. Paul Legislative Code, Chapter 58.) 2. Rainleaders connected to the sanitary sewer system must be disconnected. For more information call Public Works, Sewer Division, (651) 266-6234. 3. Any house built before 1950 may have lead paint on/in it. If children cat lead paint, they can be poisoned. For more information call Ramsey County Public Health, (651) 292-6525. 4. Neither the City of St. Paul nor the Evaluator is responsible for the determination of the presence of airborne particles such as asbestos, noxious gases such as radon, or other conditions of air quality that may be present, nor the conditions which may cause the above. 5. If this building is used for any purpose other than a single family dwelling, it may be illegally zoned. To help you determine legal uses under the zoning ordinance, contact the Zoning Administrator at (651) 266-9008. 6. An automatic garage door should reverse upon striking an object. If it does not reverse it poses a serious hazard and should be immediately repaired or replaced.

PHONE: 651-646-0009 DATE: 01/09/2007

Truth-in-Sale of Housing, 1600 White Bear Ave North, St. Paul, MN 55106, Phone No. (651) 266-1900.

Scott Scheunemann

EVALUATOR:___

Property Address: 245 Maria	
See Page 1 for Rating Key BASEMENT/CELLAR 1. Stairs and handrailsB 2. Basement/cellar floorB 3. FoundationB_C 4. Evidence of dampness or stainingY 5. First floor, floor systemM 6. Beams and columnsM	Item # Comments Specify location(s), where necessary 1. B Ends of handrail are not returned to wall, low overhead 2. B Cracked slab. 3. B Spalling plaster. 3. C Foundation is covered by plaster and not visible 4. Previous stains on unfinished walls.
ELECTRICAL SERVICE(S) # of Services	
PLUMBING SYSTEM 10. Floor drain(s) (basement)	 12. B No backflow prevention on exterior water faucets. 13. B Lacking drip-T fitting for dryer. 15. B Water heater is not visibly connected to a metal chimney liner 15. H Vent is lacking clearance to combustible framing at masonry chimney
HEATING SYSTEM(S) # of	17A C Combustion chamber and internal components are not visible 17A H No backflow preventer on boiler water supply (DCIVA-Check valve only.
during heating season, between October 15 and April 15. 18. Additional heating unit(s) Type: Fuel: a. Installation and visible condition b. Viewed in operation c. Combustion venting	
19. ADDITIONAL COMMENTS (1 through 18)	
EVALUATOR: Scott Scheunemann	DATE: <u>01/09/2007</u> Page <u>2</u> of Rev 1/20

Property Address: _	245 Maria			
. , -	See Page 1 for Rating Key	Item#	Comments	

	Where there are multiple rooms to a	category, the	Evaluator must specify the room to which a Comment is related.
	KITCHEN		
20.	Walls and ceiling	<u>M</u>	
21.	Floor condition and ceiling height	<u>M</u>	
22.	Evidence of dampness or staining	<u>N</u>	
23.	Electrical outlets and fixtures		
24.	Plumbing fixtures	<u>M</u>	
	Water flow		
	Window size/openable area/mechanical exhaust		
27.	Condition of doors/windows/mech. exhaust	<u>M</u>	
	LIVING AND DINING ROOM(S)	4.4	
	Walls and ceiling	<u>M</u>	29. C Floors are slightly out of level.
	Floor condition and ceiling height	<u>C</u>	31. H Extension cord wiring is used as permanent
	Evidence of dampness or staining	<u>N</u>	to florescent ceiling light near entry
	Electrical outlets and fixtures	<u>M</u>	
	Window size and openable area	M	
<i>33</i> .	HALLWAYS, STAIRS AND ENTRIES		
3.4	Walls, ceilings and floors	M	36. B Lacking grippable handrail by design
	Evidence of dampness or staining	<u>N</u>	or a adding graph and remaining a decign
	Stairs and handrails to upper floors	B	
	Electrical outlets and fixtures	M	
	Window and door condition		
39.	Smoke detector(s)	Y	
	Properly located	Y	
	Hard-wired	Y	
	BATHROOM(S)	_	
	Walls and ceiling		40. B Loose tiles at tub.
	Floor condition and ceiling height		
	Evidence of dampness or staining		
	Electrical outlets and fixtures	<u>M</u>	
	Plumbing fixtures	<u>M</u> M	
	Water flow		
	Window size/openable area/mechanical exhaust Condition of windows/doors/mech. exhaust		
47.	SLEEPING ROOM(S)		
48.	Walls and ceiling	M	51. C Limited view due to stored items I
	Floor condition, area, and ceiling height		furniture, can't fully evaluate.
	Evidence of dampness or staining		
	Electrical outlets and fixtures		
52.	Window size and openable area	<u>M</u>	
53.	Window and door condition	<u>M</u>	
	ENCLOSED PORCHES AND OTHER R		
	Walls and floor condition	<u>NA</u>	
	Evidence of dampness or staining	<u>NA</u>	
	Electrical outlets and fixtures	- <u>NA</u> NA	
٥/.	Window and door condition		
58	Roof boards and rafters	<u>C</u>	58. C Attic access is locked and not viewed
	Evidence of dampness or staining		
	Electrical wiring/outlets/fixtures		
	Ventilation		
62			
02.	ADDITIONAL COMMENTS (20 through 61)	· 	
EVA	ALUATOR: Scott Scheun	<u>emann</u>	DATE: <u>01/09/2007</u> Page <u>3</u> of _
			Rev 1/20

· CASE 0:05-cv-00461-MJD-SER [Document 231-27	Filed 08/23/08	Page 17 of 29
Property Address: 245 Maria			
See Page 1 for Rating Key	Item # Comm	nents	
EXTERIOR (Visible Areas)	63. B Missing I spalli	ina mortar in block io	inte
63. FoundationB		lacks slope away fro	
64. Basement/cellar windows	house in areas.	lacks slope away in	<i>/</i> ///
65. Drainage (grade)	69. B Worn decking	finish and hoards or	ıardrail
66. Exterior walls		spalling mortar at st	
68. Windows (frames/storms/screens)	io opacou over 1,	opaning mortal at ot	0,00
69. Open porches, stairways and decks			
70. Cornice and trim			
71. Roof structure and covering			
72. Gutters and downspouts			
73. Chimneys <u>M</u>			
74. Outlets, fixtures and service entranceM			
GARAGE(S)/ACCESSORY STRUCTURE(S)			
75. Roof structure and covering	75. C No garage.		
76. Wall structure and covering			
77. Slab condition			
78. Garage doors			
79. Garage opener- (see important notice #6)			
80. Electrical wiring, outlets and fixtures			
81. ADDITIONAL COMMENTS (62 through 80)			
FIREPLACE/WOODSTOVES # ofO			
82. Dampers installed in fireplaces			
83. Installation			
84. Condition			
SUPPLEMENTAL INFORMATION No determination is made whether items meet minimum standards (Y/N, NA, NV, only)			
INSULATION Y/N Type Inches/Depth			
85. Attic Insulation _NV			
86. Foundation InsulationN			
87. Kneewall Insulation _NV			
88. Rim Joist Insulation			
89. ADDITIONAL COMMENTS (81 through 88)			
I hereby certify I prepared this report in compliance with the St. Pa of the Truth-in-Sale of Housing Board. I have utilized reasonable an do not conform to the minimum standards of maintenance.			
Scott Scheweener	651-646-0009	01/09/200	Page 4 of 4 Rev 1/200-
Diameter organizate	Phone Number	Date	Rev 1/200-
Printed Name: Scott Scheunemann			
 Any single family residence in St. Paul must have at least one smoke de be located near sleeping rooms. For more information call Fire Prevent Rainleaders connected to the sanitary sewer system must be disconnected Any house built before 1950 may have lead paint on/in it. If children excounty Public Health, (651) 292-6525. Neither the City of St. Paul nor the Evaluator is responsible for the dete gases such as radon, or other conditions of air quality that may be prese If this building is used for any purpose other than a single family dwelling under the zoning ordinance, contact the Zoning Administrator at (651) 2 	tion, (651) 228-6230. (St. Ped. For more information cal at lead paint, they can be po ermination of the presence of nt, nor the conditions which ing, it may be illegally zone	aul Legislative Code, Ch. I Public Works, Sewer I isoned. For more inform. f airborne particles such a may cause the above.	apter 58.) Division, (651) 266-6234. ation call Ramsey as asbestos, noxious
6. An automatic garage door should reverse upon striking an object. If it d		rious hazard and should b	e immediately repaired

or replaced.

CAS 39. Smoke detector			Document 231-27 osure Report	Filed 08/23/08 Page 18 of 2 For Office Use, ONLY:	29 Ł
Smcke detector(s)	<u>Y</u>		osure report hth-In-Sale of Housing	Date Received	Address
Properly located	<u>-Y</u>		read this entire report)		
Hard-Wired	<u>-Y</u>	(Carefull)	read this entire reporty	Payment Ref:	
		•	OF ST. PAUL OR EVAI BUILDING COMPON	.UATOR OF THE FUTURE ENT OR FIXTURE.	115
			nt the premises when the hou he time of signing a Purchas	ise is shown to prospective buyers, and se Agreement.	, .
Address of Evalua	ted Dwelling:	1115 Rose E	rect street type and/or direction m	ray be returned and may incur a late fee.	C
Owner's Name:		Public Housing			Į.
Owner's Address:	include City & S	555 N Wabash tate if NOT St. Paul,	a St #400, St. Paul, MN and ALL Zip codes, EVEN IN	St. Paul	(II)
Type of Dwelling:			use Condo*	*For condominium units, this evaluation includes only those items located within	
Comments: C/O De		Usage may i	not be legal. See below.	the residential units and does not include the common use area, or other residential areas of the structure.	
If a box is not checke nor by the City of St.	d then the informati Paul. You may ob	on does not apply to tain a printout of all	this information by visiting	ation is not guaranteed by the evaluator	
Preservatio is required	n Site. Review and ap by the Heritage Preser	proval of exterior wo vation Commission a	or it is individually designated ik (excluding painting), modifi- nd city staff. For questions reg and Environmental Protection	cations, additions and demolition arding Heritage	
IS a Registere	ed Vacant Building ist re-register the bu regarding occupancy	Vacant Buildings	are regulated by Chapter 43	of the St. Paul Legislative Code. New Compliance Orders. Other regulation or	Date
HAS Open pern	its. Completion ar	id/or occupancy restic	tions or requirements may appl	ly. Contact LIEP at 651.266-9090.	-
			e is a duplex and this box is no into a property's history may	t checked, contact LIEP Zoning at incur a fee.	7 / 0
RATING	"M" = Meets mi	nimum standards - t	he item conforms to minimu	m standards of maintenance	7 9
	"B" = Below mi	nimum standards - 1	he item is below minimum :	standards	-
KEY:			oe adequately evaluated or it m below minimum standard:	t has some deficiency, but the deficiency	120
				er the health and safety of the occupant	c
	Any item marked sheets may be atta		nust have a written commen	t about the item. Additional comment	_
	"Y" = Yes "	N'' = No "NV"	= Not Visible/Viewed	"NA" = Not Applicable	ľ
requirements of the Legi	slative Code; however, t		or to the time of sale. This report V be used by the Fire Department to sidences.		page 1 of
2. is based on the current T	ruth-in-Sale of Housing	Evaluator Guidelines.			
3. is not warranted, by the	City of St. Paul, or by th	e evaluator, for the cond	ition of the building component, no	or of the accuracy of this report.	
 covers only the items lis heating plant (except du 	•			tion. The Evaluator is not required to ignite the emble items or evaluate inaccessible areas.	4
		=	Administration (FHA) or Veterans	Administration (VA).	ı
6. is valid for one year from			on this report.		
Questions regarding the	•		and the second of the second		
	ng, 1600 White Bear A	ve North, St. Paul, MI	of Neighborhood Housing and Pr N 55106, Phone No. (651) 266-19	900.	
EVALUATOR:	Scott Sche	<u>unemann</u>	PHONE: 651-646-000	09 DATE: 01/09/2007 Rev 1	/2004

	See Page 1 for Rating Key	Item #	Comments Specify location(s), where necessary
BASEMENT/CELLAR 1. Stairs and handrails 2. Basement/cellar floor 3. Foundation 4. Evidence of dampness or staining 5. First floor, floor system 6. Beams and columns		Low hea handrail 3. C 3-4-5 not fully	-6- Areas covered/finished off, can
ELECTRICAL SERVICE(S) # 7. Service size: Amps: 30 60 100 _X Volts: 115 115/220 _X BASEMENT ONLY: 8. Electrical service installation/group 9. Electrical wiring, outlets and fixtu	150 Other		
PLUMBING SYSTEM 10. Floor drain(s) (basement)		faucets. 13. B Obso heater 15. B Wate metal ch 15. H Vent framing.	
HEATING SYSTEM(S) # of . 17. Heating plant(s): Type:Air_ a. Installation and visible condition b. Viewed in operation(required in hea c. Combustion venting	Fuel: <u>Gas</u>	17A B A/C 17A C Hea not visib 17C B Rus	ented sink and shower in basement condensation drains into pipe at slab at exchanger and interior components are ale. at on components, Thermal vent damper and on furnace exhaust vent
The Evaluator is not required to ignite during heating season, between Octobe			
18. Additional heating unit(s) Type:a. Installation and visible conditionb. Viewed in operationc. Combustion venting			
19. ADDITIONAL COMMENTS (1 through 18)		

Page 2 of 4 Rev 1/2004

	See Page 1 for F	lating Key	Item#	Comments		
	Where there are multiple rooms to a	category, the	Evaluator must	specify the roo	om to which a Commen	t is related.
	KITCHEN					
20.	Walls and ceiling	<u>M</u>	24. B Corrosi	ion on wastel	ine, sink is not	
	Floor condition and ceiling height	M	vented.			
22.	Evidence of dampness or staining	N				
23.	Electrical outlets and fixtures	<u>M</u>				
	Plumbing fixtures					
25.	Water flow	M				
	Window size/openable area/mechanical exhaust					
	Condition of doors/windows/mech. exhaust					
	LIVING AND DINING ROOM(S)					
28.	Walls and ceiling	M				
29.	Floor condition and ceiling height	M				
30.	Evidence of dampness or staining	N				
31	Electrical outlets and fixtures	M				
	Window size and openable area					
32.	Window and door condition					
JJ.	HALLWAYS, STAIRS AND ENTRIES					
3.4	Walls, ceilings and floors	В	34. B Low he	adroom. Rai	ndom plaster cracks.	
35	Evidence of dampness or staining	=	36. B Low gu			
36	Stairs and handrails to upper floors	<u>B</u>			reverse polarity at	
27	Electrical outlets and fixtures	<u>9</u>	top of step		overes peramy at	
21.	Window and door condition	M	top or otop	•		
39.	Smoke detector(s)	'-				
	Properly located					
	Hard-wired	- 1				
	BATHROOM(S)	4.7				
	Walls and ceiling					
	Floor condition and ceiling height					
	Evidence of dampness or staining					
	Electrical outlets and fixtures					
44.	Plumbing fixtures	M				
45.	Water flow	<u>M</u>				
	Window size/openable area/mechanical exhaust					
47.	Condition of windows/doors/mech. exhaust	<u> </u>				
	SLEEPING ROOM(S)					
48.	Walls and ceiling	<u>M</u>				
	Floor condition, area, and ceiling height					
50.	Evidence of dampness or staining	N				
51.	Electrical outlets and fixtures	<u>M</u> _				
52.	Window size and openable area	<u>M</u>				
53.	Window and door condition	<u>M</u>				
	ENCLOSED PORCHES AND OTHER R	OOMS				
54.	Walls and floor condition	<u>NA</u>				
55.	Evidence of dampness or staining	<i>NA</i>				
	Electrical outlets and fixtures	<i>NA</i>				
	Window and door condition	<u>NA</u>				
	ATTIC SPACE (Visible Areas)					
58.	Roof boards and rafters	<u>C</u>	58. C Limited	view of attic	from access.	
	Evidence of dampness or staining	Y				
	Electrical wiring/outlets/fixtures	M				
	Ventilation	M				
<i></i> •						
62.	ADDITIONAL COMMENTS (20 through 61)					
EV	ALUATOR: Scott Scheun	emann		DATE:	01/09/2007	Page <u>3</u> of _
						Rev 1/20

CASE 0:05-cv-00461-MJD-SER Do	ocument 231-27	Filed 08/23/08	Page 21 of 29
See Page 1 for Rating Key	Item# Com	nents	
' EXTERIOR (Visible Areas)			
63. Foundation	65. B Grading of soi	l lacks slope away fr	om
64. Basement/cellar windows	house in areas.		
65. Drainage (grade)			
66. Exterior walls			
67. Doors (frames/storms/screens)			
68. Windows (frames/storms/screens)			
69. Open porches, stairways and decks			
71. Roof structure and covering			
72. Gutters and downspouts			
73. Chimneys			
74. Outlets, fixtures and service entrance M			
,			
GARAGE(S)/ACCESSORY STRUCTURE(S)			
75. Roof structure and covering	77. C Slab cracks. L	imited view due to s	tored
76. Wall structure and covering	goods/car		•.
77. Slab condition	80. B Outlet is wired	with reversed polar	ity.
78. Garage doors			
79. Garage opener- (see important notice #6)N			
80. Electrical wiring, outlets and fixturesB			
81. ADDITIONAL COMMENTS (62 through 80)			
FIREPLACE/WOODSTOVES # of			
82. Dampers installed in fireplaces			
83. Installation			
84. Condition			
Condition			
SUPPLEMENTAL INFORMATION No determination is made			
whether items meet minimum standards (Y/N, NA, NV, only)			
INSULATION Y/N Type Inches/Depth			
85. Attic Insulation <u>Y Cellulose</u> 10			
86. Foundation InsulationN			
87. Kneewall Insulation			
88. Rim Joist Insulation			
00 - PRITION - CONTINUE (04 - 1 - 1 - 00)			
89. ADDITIONAL COMMENTS (81 through 88)			
I hereby certify I prepared this report in compliance with the St. Pau of the Truth-in-Sale of Housing Board. I have utilized reasonable and do not conform to the minimum standards of maintenance.			
Scott Scheinevarin	651-646-0009	01/09/20	07 Page <u>4</u> of <u>4</u>
Evaluator Signature	Phone Number	Date	Rev 1/2004
0 "0 "	Thone Ivamoer	Daic	
Printed Name: Scott Scheunemann			
	ANT NOTICES		
Any single family residence in St. Paul must have at least one smoke dete be located near sleeping rooms. For more information call Fire Preventic Rainleaders connected to the sanitary sewer system must be disconnected Any house built before 1950 may have lead paint on/in it. If children eat County Public Health, (651) 292-6525.	on, (651) 228-6230. (St. F . For more information ca	Paul Legislative Code, Ch Il Public Works, Sewer	napter 58.) Division, (651) 266-6234.
. Neither the City of St. Paul nor the Evaluator is responsible for the deterr			as asbestos, noxious
gases such as radon, or other conditions of air quality that may be present			
. If this building is used for any purpose other than a single family dwelling		a. To help you determi	ne legal uses
under the zoning ordinance, contact the Zoning Administrator at (651) 26. An automatic garage door should reverse upon striking an object. If it does not replaced		rious hazard and should	be immediately repaired

CAS 3. Smoke detector	E U:U5-CV-UU₄ Information:	461-MJD-SE Dis	closure Report	27 Filed 08 Fo	3/23/08 Page 2 r Office Use, ONLY	22 of 29 :
Smoke detector(s)	<u>Y</u>		Cruth-In-Sale of Hous	ing Da	ate Received	
Properly located Hard-Wired	<u>Y</u>		ally read this entire report)	····· 8	yment Ref:	
Halu-Wileu	_ '	`	. ,	ra	yment ice	
			ITY OF ST. PAUL OR E ANY BUILDING COMI			
			ed at the premises when the to the time of signing a Pur			s, and
Address of Evalua	ited Dwelling:	1720 Selby A	Ave			
Owner's Name:			e correct street type and/or directions of St. and St.		nd may incur a late fee	
Owner's Address:		261 Universi	ty Ave E, St. Paul, MN	1 55103		
		State if NOT St Pa	ul, and ALL Zip codes, EVEN	IN St Paul	dominium unite this sualu	
Type of Dwelling:		y <u>X</u> Town		includes	dominium units, this evalu only those items located w	
Comments:	Duple	X Usage ma	ay not be legal. See below.	the comm	ential units and does not in non use area, or other resid the structure.	
nn on un mult vo	CATION AND	. Booolbi n	ION PROMOTONION	WEODY (16	DI ON	
			USE RESTRICTION by to this dwelling. This inj			aluator
			all this information by visit			
	•	•	of Housing Evaluators by	-		•
			ict or it is individually designa			j
			vork (excluding painting), moderand city staff. For questions			1
			ns and Environmental Protect			i
IS a Registere	d Vacant Building	Vacant Buildir	ngs are regulated by Chapto	er 43 of the St. P	aul Legislative Code.	New
owners mi	regarding occupancy	uilding and must o	comply with all existing Co t the Vacant BuildingsDivision	de Compliance C	Orders. Other regulat	ion or
HAS Open pern	its. Completion a	ind/or occupancy res	stictions or requirements may a	apply. Contact LII	EP at 651.266-9090.	
	•			•••		
IS a Verified 651-266-90	Legal Duplex. 008 for the most recer	If this dwelling is in it information. Rese	use is a duplex and this box is ach into a property's history n	s not checked, cont hay incur a fee.	act LIEP Zoning at	
RATING			- the item conforms to mir		of maintenance	
KEY:			- the item is below minim			
KD1.			ot be adequately evaluated item below minimum stand		eficiency, but the defi	ciency
	"H" = Hazardo	us - the item in its	present condition may end	langer the health	and safety of the occ	upant
	Any item marked sheets may be atta		l" must have a written com	ment about the i	tem. Additional com	ment
	-		V" = Not Visible/Viewed	i "NA" =	= Not Applicable	1
This Report:						
•	slative Code; however, (this evaluation form w	rior to the time of sale. This report ill be used by the Fire Department residences			
2. is based on the current T						
	•		ndition of the building component	nor of the accuracy	of this report	
4. covers only the items list	ted on the form and only	those items	visible at the time of the en	aluation. The Evalu	iator is not required to ignit	te the
	- ·		g Administration (FHA) or Vetera			
6. is valid for one year from			= '			
Questions regarding th	is report should be dir	ected to the evaluator	г.			
	<u>-</u>	•	nt of Neighborhood Housing and MN 55106, Phone No. (651) 260		ment,	
EVALUATOR:	Vicki Sche	eunemann	PHONE: 651-646-	0009 DATE:	01/09/2007	_ Rev 1/200

Property Address: 1720 Selby Ave

 Basement/cellar floor Foundation Evidence of dampnes First floor, floor syste Beams and columns 	B M B S or staining N M M M M M M M M M	Item # 1. B Low t 3. B Spalli	neadroom (less	ion(s), where necessary	y
7. Service size: Amps: 30 60_ Volts: 115 1 BASEMENT ONLY 8. Electrical service inst		8. H No el meter.	ectrical ground	ling loop at water	
11. Waste and vent pipin12. Water piping (all floors)13. Gas piping (all floors)14. Water heater(s), instance15. Water heater(s), vent	EM nent)				
17. Heating plant(s): Typea. Installation and visibleb. Viewed in operation(c). Combustion ventingThe Evaluator is not requestion.	M(S) # of				
18. Additional heating un a. Installation and visibl b. Viewed in operation	ween October 15 and April 15. iit(s) Type: Fuel: e condition				
19. ADDITIONAL COM	MMENTS (1 through 18)				
EVALUATOR:	Vicki Scheunemann		DATE:	01/09/2007	Page 2 of 4 Rev 1/2004

CASE 0:05-cv-00461-MJD-SER Document 231-27 Filed 08/23/08 Page 24 of 29 Property Address: 1720 Selby Ave See Page 1 for Rating Key Item# Comments Where there are multiple rooms to a category, the Evaluator must specify the room to which a Comment is related. KITCHEN 23. H Some ungrounded three prong outlets 20. Walls and ceiling M 21. Floor condition and ceiling height М 22. Evidence of dampness or staining Ν 23. Electrical outlets and fixtures Н 24. Plumbing fixtures М 25. Water flow М Μ 26. Window size/openable area/mechanical exhaust 27. Condition of doors/windows/mech, exhaust . . . Μ LIVING AND DINING ROOM(S) Μ 31. H Ungrounded 3-prong outlets. 28. Walls and ceiling Μ 29. Floor condition and ceiling height Ν 30. Evidence of dampness or staining Н 31. Electrical outlets and fixtures Μ 32. Window size and openable area 33. Window and door condition Μ HALLWAYS, STAIRS AND ENTRIES 34. Walls, ceilings and floors Μ 35. Evidence of dampness or staining Ν Μ 36. Stairs and handrails to upper floors М 37. Electrical outlets and fixtures 38. Window and door condition Μ 39. Smoke detector(s) Properly located Hard-wired BATHROOM(S) 40. Walls and ceiling М 42. Stains evident. M __ 43. H One bathroom outlet not ground fault 41. Floor condition and ceiling height Υ protected. 42. Evidence of dampness or staining H43. Electrical outlets and fixtures М 44. Plumbing fixtures Μ M 46. Window size/openable area/mechanical exhaust 47. Condition of windows/doors/mech. exhaust ... **SLEEPING ROOM(S)** 48. Walls and ceiling M M 49. Floor condition, area, and ceiling height Ν 50. Evidence of dampness or staining M 51. Electrical outlets and fixtures М 52. Window size and openable area М 53. Window and door condition **ENCLOSED PORCHES AND OTHER ROOMS** 54. Walls and floor condition 55. Evidence of dampness or staining 56. Electrical outlets and fixtures 57. Window and door condition_____ ATTIC SPACE (Visible Areas) 58. Roof boards and rafters 59. Evidence of dampness or staining 60. Electrical wiring/outlets/fixtures 61. Ventilation

CASE,0:05-cy-00461-MJD-SER Propersy Address:	Document 231-27	Filed 08/23/08	Page 25 of 29		
See Page 1 for Rating Key	65. B Grade is low 66. B Corner dented				
66. Exterior walls 67. Doors (frames/storms/screens) 68. Windows (frames/storms/screens) 69. Open porches, stairways and decks 70. Cornice and trim M					
71. Roof structure and covering					
GARAGE(S)/ACCESSORY STRUCTURE(S) 75. Roof structure and covering					
### FIREPLACE/WOODSTOVES # of					
SUPPLEMENTAL INFORMATION No determination is may whether items meet minimum standards (Y/N, NA, NV, onl INSULATION Y/N Type Inches/Dep 85. Attic Insulation NV 86. Foundation Insulation NA	y)				
87. Kneewall Insulation NA					
I hereby certify I prepared this report in compliance with the St. Pof the Truth-in-Sale of Housing Board. I have utilized reasonable a do not conform to the minimum standards of maintenance.			l conditions found that		
Evaluator Signature	Phone Number	Date	Page 4 of 4 Rev 1/2004		
Printed Name:					
Any single family residence in St. Paul must have at least one smoke de be located near sleeping rooms. For more information call Fire Prevent Rainleaders connected to the sanitary sewer system must be disconnected. Any house built before 1950 may have lead paint on/in it. If children e County Public Health, (651) 292-6525.	etector connected to the electr tion, (651) 228-6230. (St. Pa ed. For more information call	ul Legislative Code, Chap Public Works, Sewer Div	oter 58.) vision, (651) 266-6234.		
Neither the City of St. Paul nor the Evaluator is responsible for the dete gases such as radon, or other conditions of air quality that may be prese. If this building is used for any purpose other than a single family dwelli under the zoning ordinance, contact the Zoning Administrator at (651). An automatic garage door should reverse upon striking an object. If it do replaced.	ent, nor the conditions which ring, it may be illegally zoned. 266-9008.	nay cause the above. To help you determine l	legal uses		

39. Smoke detect		· · · · · · · · · · · · · · · · · · ·	R Document 231-2 closure Report	7 Filed 08/23/08 For Office Us	Page 26 of 29 se, ONLY:
Smoke detector(s	$\frac{Y}{Y}$		ruth-In-Sale of Housi	ng Date Received	1
Properly located Hard-Wired	<u>Y</u> Y		lly read this entire report)	Payment Ref:	
			TY OF ST. PAUL OR EX ANY BUILDING COMP	'ALUATOR OF THE FU	
Notice: A copy	of this Report must be	e publicly displayed	d at the premises when the o the time of signing a Puro	house is shown to prospect	tive buyers, and
	luated Dwelling:	325 Arbor St		•	
Owner's Name	Ü	Addresses without the	correct street type and/or direction and Agency, City of St F		a late fee
			y Ave E, St. Paul, MN		
Owner's Addre	include City &	State if NOT St. Par	il, and ALL Zip codes, EVEN	N St Paul	
Type of Dwellin	g: Single Family	y <u>X</u> Townh	•	*For condominium uni includes only those iter the residential units an	ns located within
Comments:				the common use area, or areas of the structure.	or other residential
			USE RESTRICTION of to this dwelling. This info		by the evaluator
			all this information by visiti		www.liep.us
According to inf	ormation provided to	o Truth-In-Sale o	of Housing Evaluators by	the City of St. Paul this	property:
Preserv is requi	ation Site. Review and ap red by the Heritage Preser	pproval of exterior writerion writerion Commission	ct or it is individually designate ork (excluding painting), mod- and city staff. For questions re	fications, additions and demo	lition
Preserv	ition contact the Office o	f License, Inspection	s and Environmental Protection	on (LIEP) at 651. 266-9090.	
owners	tered Vacant Building must re-register the bons regarding occupancy 6-1900.	uilding and must co	gs are regulated by Chapter omply with all existing Cod the Vacant BuildingsDivision	e Compliance Orders. Oth	ive Code. New ier regulation or
HAS Open p		nd/or occupancy rest	ictions or requirements may ap	oply. Contact LIEP at 651.26	6-9090.
	ed Legal Duplex. 5-9008 for the most recen	If this dwelling is in the information. Resea	use is a duplex and this box is ch into a property's history ma	not checked, contact LIEP Zo y incur a fee.	ning at
RATING	"M" = Meets m	inimum standards	- the item conforms to mini	mum standards of mainten	ance
KEY	•		- the item is below minimum		
KE 1	C - Commen		ot be adequately evaluated of tem below minimum standa		ut the deficiency
	"II" = Hazardo	us - the item in its	present condition may enda	nger the health and safety	of the occupant
	Any item marked sheets may be atta	• •	must have a written comm	nent about the item. Addit	ional comment
	•		V" = Not Visible/Viewed	"NA" = Not App	licable
This Report:					
requirements of the		this evaluation form wil	ior to the time of sale. This report I be used by the Fire Department t residences.		
2. is based on the curre	nt Truth-in-Sale of Housing	Evaluator Guidelines			Ĺ
3. is not warranted, by	the City of St. Paul, or by th	e evaluator, for the con-	dition of the building component, i	or of the accuracy of this report	
•	s listed on the form and only during the heating season),		visible at the time of the evaluation of the roofing, disast	luation. The Evaluator is not req semble items or evaluate inacces	•
	•		Administration (FHA) or Veterar		
6. is valid for one year	from the date of issue and or	nly for the owner named	on this report.		
Questions regardin	g this report should be dir	ected to the evaluator.			
•		•	t of Neighborhood Housing and IN 55106, Phone No. (651) 266-		
EVALUATOR:	Vicki Sche	eunemann	PHONE: 651-646-0	0009 DATE: 01/11	/2007 Rev 1/200

Property Address: 325 Arbor St Comments See Page 1 for Rating Key Item # Specify location(s), where necessary BASEMENT/CELLAR 1. Stairs and handrails_ 3. C 3,4,5,6 Areas concealed - can't view to evaluate. 2. Basement/cellar floor _ 4. Stains on walls, floor 3. Foundation ___ 4. Evidence of dampness or staining 5. First floor, floor system 6. Beams and columns ELECTRICAL SERVICE(S) # of Services . ____1___ 8. H Service ground is connected to street side 7. Service size: Amps: 30 ____ 60 ___ 100 _X 150 ___ Other ___ Volts: 115 ____ 115/220 _X of water meter only. No electrical grounding loop at water meter. **BASEMENT ONLY:** 8. Electrical service installation/grounding ___ 9. Electrical wiring, outlets and fixtures _ PLUMBING SYSTEM М 13. B White plastic used as dryer vent Lacking 10. Floor drain(s) (basement)..... drip-T fitting for dryer. М 11. Waste and vent piping (all floors)...... Μ 12. Water piping (all floors)...._____ В 13. Gas piping (all floors)______ Μ 14. Water heater(s), installation 15. Water heater(s), venting 16. Plumbing fixtures (basement)...._____ HEATING SYSTEM(S) # of 17. Heating plant(s): Type: Air Fuel: Gas a. Installation and visible condition b. Viewed in operation (required in heating season) . . . c. Combustion venting The Evaluator is not required to ignite the heating plant(s), except during heating season, between October 15 and April 15. 18. Additional heating unit(s) Type: _____ Fuel: ____ a. Installation and visible condition b. Viewed in operation____ c. Combustion venting 19. ADDITIONAL COMMENTS (1 through 18) _____

Vicki Scheunemann DATE:

EVALUATOR:_____

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. CASE 0:05-cv-00461-MJD-SER Document 231-27 Filed 08/23/08 Page 28 of 29 Property Address: 325 Arbor St See Page 1 for Rating Key Item# Comments Where there are multiple rooms to a category, the Evaluator must specify the room to which a Comment is related. KITCHEN М 20. Walls and ceiling 21. Floor condition and ceiling height 22. Evidence of dampness or staining M 23. Electrical outlets and fixtures M 24. Plumbing fixtures M 25. Water flow 26. Window size/openable area/mechanical exhaust М М 27. Condition of doors/windows/mech. exhaust . . . LIVING AND DINING ROOM(S) 28. Walls and ceiling М М 29. Floor condition and ceiling height Ν 30. Evidence of dampness or staining M 31. Electrical outlets and fixtures 32. Window size and openable area M 33. Window and door condition Μ HALLWAYS, STAIRS AND ENTRIES 34. Walls, ceilings and floors 35. Evidence of dampness or staining Ν М 36. Stairs and handrails to upper floors 37. Electrical outlets and fixtures M M 38. Window and door condition 39. Smoke detector(s) Y Properly located Hard-wired BATHROOM(S) М 40. Walls and ceiling Μ 41. Floor condition and ceiling height Ν 42. Evidence of dampness or staining М 43. Electrical outlets and fixtures Μ 44. Plumbing fixtures М 45. Water flow 46. Window size/openable area/mechanical exhaust Μ 47. Condition of windows/doors/mech. exhaust ... Μ **SLEEPING ROOM(S)** Μ 51. B Some ungrounded 3 prong outlets 48. Walls and ceiling Μ 49. Floor condition, area, and ceiling height Ν 50. Evidence of dampness or staining 51. Electrical outlets and fixtures В 52. Window size and openable area Μ Μ 53. Window and door condition **ENCLOSED PORCHES AND OTHER ROOMS** 54. Walls and floor condition 55. Evidence of dampness or staining 56. Electrical outlets and fixtures 57. Window and door condition ATTIC SPACE (Visible Areas) 58. C No visible attic areas. 58. Roof boards and rafters 59. Evidence of dampness or staining 60. Electrical wiring/outlets/fixtures 61. Ventilation

EVALUATOR:	Vicki Scheunemann	DATE: <u>01/11/2007</u>	Page 3 of 4 Rev 1/2004

62. ADDITIONAL COMMENTS (20 through 61) _____

Property Address SE305057681-90461-MJD-SER D	ocument 231-27	Filed 08/23/08	Page 29 of 29				
See Page 1 for Rating Key		ments					
• EXTERIOR (Visible Areas)							
63. Foundation <u>M</u>							
64. Basement/cellar windows							
65. Drainage (grade)							
66. Exterior walls <u>M</u> 67. Doors (frames/storms/screens) M							
69. Open porches, stairways and decks							
71. Roof structure and covering							
72. Gutters and downspouts							
73. Chimneys							
74. Outlets, fixtures and service entrance M							
GARAGE(S)/ACCESSORY STRUCTURE(S)							
75. Roof structure and covering	76. B Worn finish						
76. Wall structure and covering B	77. C Viewed from	outside only					
77. Slab condition <u>C</u>							
78. Garage doors <u>M</u>							
79. Garage opener- (see important notice #6)							
80. Electrical wiring, outlets and fixtures							
81. ADDITIONAL COMMENTS (62 through 80)							
FIREPLACE/WOODSTOVES # of							
82. Dampers installed in fireplaces							
83. Installation							
84. Condition							
							
SUPPLEMENTAL INFORMATION No determination is made							
whether items meet minimum standards (Y/N, NA, NV, only)							
INSULATION Y/N Type Inches/Depth 85. Attic Insulation NV	1						
85. Attic Insulation NV NV							
87. Kneewall Insulation NV							
88. Rim Joist Insulation NV							
os. Ram 7033 madation							
89. ADDITIONAL COMMENTS (81 through 88)							
` ,							
I hereby certify I prepared this report in compliance with the St. Par							
of the Truth-in-Sale of Housing Board. I have utilized reasonable an do not conform to the minimum standards of maintenance.	d ordinary care and dilig	ence and I have noted a	Il conditions found that				
Victo Decreamental standards of maintenance.							
	651-646-0009	01/11/20	107 Page 4 of 4 Rev 1/2004				
Evaluator Signature	Phone Number	Date	Rev 1/2004				
Printed Name: Vicki Scheunemann							
IMPOR	TANT NOTICES						
. Any single family residence in St. Paul must have at least one smoke dete	ector connected to the elect						
be located near sleeping rooms. For more information call Fire Prevention							
. Rainleaders connected to the sanitary sewer system must be disconnected . Any house built before 1950 may have lead paint on/in it. If children eat							
County Public Health, (651) 292-6525.	read paint, diey can be pois	oned. To more infoilid	non can ranigey				
. Neither the City of St. Paul nor the Evaluator is responsible for the deten	Neither the City of St. Paul nor the Evaluator is responsible for the determination of the presence of airborne particles such as asbestos, noxious						
gases such as radon, or other conditions of air quality that may be present			11				
. If this building is used for any purpose other than a single family dwelling under the zoning ordinance, contact the Zoning Administrator at (651) 26		. To help you determine	iegai uses				
An automatic garage door should reverse upon striking an object. If it do		ious hazard and should be	e immediately repaired				
or replaced.							